

## What Do I Want in a New Place?

This is the time to think about all the things that you want in a new place: the location, the physical space, how close you want to be to other people, services and shops.

Most people do not live in a place that is "perfect" – that is, meets their every hope or desire. We make trade-offs and try to get those things that are MOST important to us.

Think about each of these items and how important they are to you. Ask yourself, Is this something that is "non-negotiable" -- an absolute necessity? Or, is this something that is "negotiable" – something you'd like to have, but would trade off if necessary to get something more important?

Item	Comment/Notes	Absolutely critical, non-negotiable	Desired, but negotiable	Not important at this time
<b>Living Arrangement</b>				
Would you like to live in a house? Apartment building with a few units? Apartment complex with many units?				
Would you prefer to live very close to other people or away from other people?				
Is a building with private bedrooms and shared kitchens acceptable?				
Is a shared bathroom in the hall acceptable?				
Would a bathroom shared by 1 or 2 other people acceptable?				
Would you prefer living around only women? Men? Mixed men and women?				
Would you prefer living around only people about your age?				
Would you prefer living around people without disabilities? With disabilities?				
OTHER:				

Appendix B

Item	Comment/Notes	Absolutely critical, non-negotiable	Desired, but negotiable	Not Important at this time
<b>Along with Housemates?</b>				
Would you prefer living by yourself or with other people?				
Have you ever lived in a place where you had a housemate and shared expenses such as rent/utilities? What did you like/dislike about it?				
Is there any specific person you'd like to live with—a girlfriend/boyfriend, family member, or a friend?				
Would you share an apartment if you had your own room?				
Would you like a housemate to share expenses? Be a friend? Be available in case of emergency?				
Would you like a housemate who is also a personal care attendant?				
OTHER:				
<b>Features</b>				
What features in a home are important to you—air conditioning, dishwasher, onsite laundry, etc.?				
Do you want a first-floor unit or something not on the first floor?				
Is walking up a flight or two of stairs acceptable?				
Do you need any special accommodations for a physical or sensory disability: ramps, elevators, doorbell signalers				
Do you have or expect to have a car? Do you need parking?				



Item	Comment/Notes	Absolutely critical, non-negotiable	Desired, but negotiable	Not Important at this time
Do you prefer a place with lots of windows and light or a place with fewer windows and more privacy?				
What else is important: A place to garden? People who speak the same language nearby?				
OTHER:				
<b>Safety and Visitors</b>				
Do you like having company? Do you want to have overnight guests? How often?				
Would you prefer to live in a place with a guarded entry? Intercom?				
Would you prefer to have visitors "screened"? Would you like your neighbor's visitors "screened"?				
OTHER:				
<b>Neighborhood</b>				
Do you want to live in a specific neighborhood? If so which one? Why?				
What features of the neighborhood are important to you? Examples: parks and recreation, well-lit streets, shopping, libraries, or public transportation.				
Do you need easy access to a specific place - a job, treatment facility, place of worship, family home?				
Do you like a neighborhood with lots of activity and interesting things going on or something quieter?				
OTHER:				

Item	Comment/Notes	Absolutely critical, non-negotiable	Desired, but negotiable	Not Important at this time
<b>Personal Support Needs</b>				
Do you need daily personal attendant care basis?				
Would you like to have personal attendant care available on-site any time of the day or night?				
Do you often need quick-response medical emergency assistance?				
Do you need help with keeping your living space clean? Doing laundry?				
Do you like to cook? How often? Do you mind cleaning up after cooking? Do you need help planning and preparing meals?				
What other type of supports do you need? For example, managing money, paying rent on time, shopping, or remembering medication.				
Do you have/need personal adaptive equipment that needs to be installed in a new place?				
Are there special accommodations or modifications you need in a new place?				
OTHER:				
<b>Pets and Service Animals</b>				
Do you have a pet? What kind?				
Do you want to have a pet? What kind?				
Do you have or expect to have a service animal? What kind?				
OTHER:				
<b>Alcohol and Other Drugs</b>				
Is a community that strongly supports sobriety important to you?				



Appendix B

Item	Comment/Notes	Absolutely critical, non-negotiable	Desired, but negotiable	Not Important at this time
How do you feel about being in a setting where some people may be using drugs or alcohol?				
OTHER:				
<b>Activities</b>				
Would you like to have access to nearby groups and social activities?				
Do you like the idea of having sponsored activities like trips and movies?				
OTHER:				

People need different kinds of accommodations to be successful in a new house, condominium, or apartment. Review the list of common accommodation requirements below and check those most important to you.

Consider which accommodations are absolutely necessary – critical, and which are desired, but not critical. Add any individual accommodations that you need that are not included in this list.

Use this check list as you research and visit new housing options to help you to select a place that is safe, decent, affordable, convenient, comfortable AND accessible.

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Accommodation				ACCESSIBILITY WITHIN UNIT			
Critical	Desired	Landlord Supplied	Tenant Supplied	Single story or one floor lay-out in unit			
				Easy access to kitchen, living room, bathroom, bedroom			
				Wide doorways			
				Carpet free			
				Accessible design in kitchen:			
				Adequate open space for wheel chair turn radius			
				Lowered counter height			
				Easy reach to sink			
				Stoves with front (not top) controls			
				Adequate reachable storage			
				Accessible design in bathroom:			
				Adequate open space for wheel chair turn radius			
				Bathroom safety rails by toilet			
				Roll in shower			
				17-18" toilet height			
				Lowered closet bars			
				SAFETY			
				Door peepholes at eyeball height			
				Security locks on doors and windows			
				Guarded entry			
				Intercom			
				Touchpad or keyless entry lock			
				Flashing lights doorbell			
				Accessible emergency evacuation exits			
				Smoke detector for persons with hearing impairments			
				PERSONAL SUPPORT NEEDS			
				Service animal care			
				Personal adaptive equipment			
				Attendant care resources			
				Other			

## What Will It Cost to MOVE IN? Costs and Assistance Worksheet

THE "PLACE"	LIVING OPTION 1	LIVING OPTION 2	LIVING OPTION 3	FINANCIAL ASSISTANCE AVAILABLE	NOTE
Application fee					
Application deposit					
Credit report fee					
First month rent					
Last month rent					
Security deposit					
Condo-related fees					
Estimated cost of modifications needed					
<b>TOTAL "Place" Costs</b>					
<b>UTILITIES SET UP</b>					
Electricity					
Gas					
Oil					
Water/Sewer					
TV/Cable/Internet					
<b>TOTAL Utility Set- Up Costs</b>					
<b>HOUSEHOLD SET UP</b>					
First week groceries					
Basic cleaning supplies					



## Appendix B

THE "PLACE"	LIVING OPTION 1	LIVING OPTION 2	LIVING OPTION 3	FINANCIAL ASSISTANCE AVAILABLE	NOTE
Basic kitchen					
Basic bedroom					
Basic living room					
<b>TOTAL Household Set-Up Costs</b>					
<b>MOVING COSTS</b>					
Truck/transport					
Helpers					
Storage if needed					
<b>TOTAL Moving Costs</b>					
<b>TOTAL COST</b>					
Set-up and Rental Assistance Available					
<b>DIFFERENCE Needed</b>					

## Planning Ahead: What to Think About and Do in the MONTHS Before You Move to a New Place

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Helpers: 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4 months	3 months	2 months	1 month	Moving Day
<b>To do this month:</b> <b>Thinking!</b>  Do I want to move? WHY do I want to move? What kind of place do I want? What kind of features or accommodations are needed and desired – my preferences? What has “worked” well for me in the past? What I need to be successful? What didn’t work before?	<b>To do this month:</b> <b>Researching &amp; Learning!</b>  What are my options? What does it cost? What are my resources? What money help do I need? Do I want a house-mate? Who? Do I need and can I afford cleaning services? If I need attendant care, am I eligible for a waiver to help pay for it? How do I apply for a waiver?	<b>To do this month:</b> <b>Exploring!</b>  What’s my budget? Begin looking at places What trade-offs must I make? What modifications am I responsible for? What household “stuff” do I need? What adaptive equipment will I need? Is the waiver in place? Begin organizing attendant care, if needed. Research cleaning services, if needed	<b>To do this month:</b> <b>Acting</b>  Sign a lease Setting up utilities Change of address Getting the household “stuff” I need Getting adaptive equipment I need Finalizing attendant care schedule Contract for cleaning services, if needed Organizing moving day	<b>Moving Day!!! Doing it!</b>
What I will do::	What I will do::	What I will do::	What I will do::	
Helper:	Helper:	Helper:	Helper:	
Helper:	Helper:	Helper:	Helper:	
Helper:	Helper:	Helper:	Helper:	



## Monthly Personal Spending Plan

*(example – individualize to your circumstances)*

Name: _____							
INCOME					Month/Year: _____		
	Monthly	Week 1	Week 2	Week 3	Week 4	Week 5	TOTAL
Employment							
Disability							
Other							
Other							
<b>TOTAL Income</b>							

  

HAVE TO's							
	Monthly	Week 1	Week 2	Week 3	Week 4	Week 5	TOTAL
Rent							
Groceries							
Utilities							
Debts/Obligations							
Transportation							
Medical Co-Pay							
Attendant care							
Adaptive equip. maintenance							
Service animal expenses							
<b>Total HAVE TO's</b>							
<b>What's Left?</b>							

  

WANT TO's							
	Monthly	Week 1	Week 2	Week 3	Week 4	Week 5	TOTAL
Telephone							
Cable/Internet							
Cigarettes							
Clothes							
Household							
Savings/Cushion							
Special							
<b>Total WANT TO's</b>							
<b>What's Left?</b>							

  

PERSONAL Spending							
	Monthly	Week 1	Week 2	Week 3	Week 4	Week 5	TOTAL